# **Wabanaki-Labrador Indigenous Health Research Network’s**

# **Co-Learning Fund**

# **Application Form**

**Instructions:** Please fill in this form on your computer using Microsoft Word.

Save your application in **ONE** file, attach all other documents in the check list below, in the order given, and name the file accordingly: **LastName\_WLN Co-Learning Workshop Fund.**

**Remember to save often!**

Once the application is finished and saved, please email it to [wln@dal.ca](mailto:wln@dal.ca) with the subject line: **LastName\_WLN Co-Learning Workshop Fund**. Do not send applications by mail.

**The deadline for receipt of submissions is January 22, 2024, by 11:59 Atlantic.**

Please use the checklist to ensure you have included all required documents with your application.

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| **Application Checklist** |
| * [**WLN Registration**](https://www.wabanaki-labradornetwork.ca/network-registration-1) **– UPDATED Nov 28** |
| * Application form |
| * Workshop Description |
| * Budget Template and Justification |
| * Timeline |
| * Applicant Profiles or Resumes / CVs for each team member |
| * Letter(s) of Support (if applicable) |
| * References Cited (if applicable) |
| **Project Title:** |
| **Name of Indigenous community, collective or organization (ICCO):** |
|  |
| **Address:** |
|  |
| **Executive Director / CEO or related** |
| **Name:** |
| **Current Position:** |
| **Email:** |
| **Mailing address:** |
| **Financial Officer** |
| **Name:** |
| **Email:** |
|  |
| **Team Lead (if different from above)** |
| Name: |
| Current position or role: |
| Email: |
| Mailing address: |
|  |
| **Team Members (add additional page if more than 3)** |
| **Applicant 1** |
| Name: |
| Current position or role: |
| Email: |
| Mailing Address: |
| **Applicant 2** |
| Name: |
| Current position or role: |
| Email: |
| Mailing Address: |
| **Applicant 3** |
| Name: |
| Current position or role: |
| Email: |
| Mailing Address: |
| Have you or your research team applied for funding from the Wabanaki-Labrador Indigenous Health Research Network, or the Atlantic Indigenous Mentorship Network in the past?  \_\_\_ Yes  \_\_\_ No  Did you receive an award?  \_\_\_ Yes  \_\_\_ No  If you answered yes above, please indicate the funding award(s) you have received (check more than one, if applicable).  **Wabanaki-Labrador Indigenous Health Research Network**  \_\_\_ Indigenous Health Research Support Fund  **Atlantic Indigenous Mentorship Network**  \_\_\_ Kausattumi Graduate Student Award  \_\_\_ Kausattumi Early Career Seed Award  \_\_\_ Kausattumi Travel Award  \_\_\_ Promise Scholarship |